

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021578

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 500Registrar's No. 1216

STATE FILE NUMBER

FILED MAY 29 1962

1. PLACE OF DEATH

a. COUNTY St. Louisb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MolineLength of stay in 1b
2 weeksc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Halls Ferry Memorial HomeInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTYc. CITY OR TOWN St. LouisInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
4334 Earlin AvenueReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Annie L Zengel4. DATE OF DEATH
Month Day Year
April 17 19625. SEX
female6. COLOR OR RACE
white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
8-4-18879. AGE (last birthday)
74IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
telephone solicitor10b. KIND OF BUSINESS OR INDUSTRY
White Cross and Bankers Mutual11. BIRTHPLACE (City and state or country)
Sabula, Iowa12. CITIZEN OF WHAT COUNTRY
U.S.A.13a. FATHER'S NAME
Jesse Covington13b. MOTHER'S MAIDEN NAME
Mary Stretch14. NAME OF HUSBAND OR WIFE
John W. Zengel15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
[redacted]17. INFORMANT Address
Miss Marie E. Zengel, 4334 Earlin Ave18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broncho PneumoniaINTERVAL BETWEEN ONSET AND DEATH
8 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arterio Sclerotic Cardiovascular disease15 yrs

DUE TO (c)

chronic lung disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fracture Left femur at neck.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Fell in own home20c. TIME OF INJURY
Hour a.m. 3 9 6220d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1948 to April 17 1962 and last saw her alive on Apr 17 1962
Death occurred at 5:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE (Degree or title)
Dr. B. N. Pussiman M.D.22b. ADDRESS
426 Shreve Ave22c. DATE SIGNED
4/19/6223a. BURIAL, CREMATION, REMOVAL (Specify)
Removal23b. DATE
April 21, 196223c. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery23d. LOCATION (City, town, or county) (State)
St. Louis, Missouri24. FUNERAL DIRECTOR ADDRESS
Math Hermann & Son, Inc., 2561 East FairSt. Louis, 7, Mo25. DATE RECD. BY LOCAL REG.
4-19-6226. REGISTRAR'S SIGNATURE
John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/591 40302 2108

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Zeigel

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Julius R. Brown

Licensed Embalmer No. 5146

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.